(e) Due to low utilisation of fund and also due to the fact that the scheme was not addressing the maternal health issues holistically, the scheme has been modified into a new scheme namely Janani Suraksha Yojana providing cash benefits alongwith maternity services. The new scheme has been introduced with effect from April, 2005. In the States having low level of health indicators, impeding parameters like BPL certification, party and age have been removed. Besides, the quantum of cash benefits has been increased to Rs. 1400/- per delivery in rural areas. For quick disbursement of cash benefit, money is disbursed through ANM &ASHA. In addition, Gram Panchayat is also invovled in the disbursement of cash. The Central Government has funded the State to set up progamme management units at the State, district and even at block level, under the National Rural Health Mission (NRHM)

Since the introduction of Janani Surakha Yojana (JSY), majority of the States have been reporting higher expenditure. Against approximately 5.7 lakhs beneficiaries reported in the financial year 2005-06, around 21 lakh pregnant women have benefited from this scheme till February, 2007, in the year 2006-07. An amount of Rs, 261.00 crores has been released to States/UTs in the year 2006-07 for Janani Suraksha Yojana.

Maternal Mortality Ratio in the country

2830. SHRIMATI S.G. INDIRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that according to UNICEF, India has high maternal mortality ratio at 301 per 1,00,000 live births;

(b) whether it is a fact that the UNICEF has launched a new scheme to conduct probe into maternal deaths; and

(c) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) UNICEF has not conducted any survey to ascertain Maternal Mortality Ratio in India and uses official published data for reference. Based on the official estimates of Regisfrar General of India (RGI) (SRS 2001-03), the Maternal Mortality Ratio (MMR) for India is 301 per 1,00,000 live births.

(b) UNICEF in collaboration with John Hopkins University, USA and the State Government has developed a comprehensive toolkit for retrospective verbal autopsy of maternal deaths and method for providing feedback for community action.

(c) UNICEF is working with various State Governments to help them streamline their existing maternal death audit protocols and practices. It is currently supporting the implementation of maternal death enquiry in five high maternal mortality States namely Jharkhand, Orissa, Madhya Pradesh, Rajasthan and West Bengal since 2004-2005. UNICEF is supporting the Development and Implementation of Maternal and Perinatal (Child Death within 7 days of birth) Death Enquiries (MAPEDE) as a tool to strengthen commounitv participation in evidence based district level planning in above States. The tool, which is basically a structured verbal autopsy questionnaire, has been given to the respective States by UNICEF.

Meningococcemia outbreak in the country

† 2831. SHRI DHARAM PAL SABHARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that affliction of dangerous meningococcemia disease is still continuing in various States of the country;

(b) if so, the details thereof, State-wise and the number of patients of this disease admitted in various hospitals so far; and

(c) the concrete steps being taken by Government to get rid of this dreaded disease?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Meningococcemia is the most severe form of infection with meningococcus causing meningococal meningitis. The State-wise number of cases and deaths due to meningities are given in the Statement (See below). Data regarding number of patients admitted in various hospitals in not Centrally maintained.

(c) It is primarily the responsiblity of the State Government to prevent the disease through IEC and to provide the required facilities including early diagnosis and prompt treatment; contact tracking of the patients

†Original notice of the question was received in Hindi.